

Eligibility & Benefits Verification Checklist

Document core insurance eligibility and benefit information before service.

Patient _____	Payer _____
DOS / Planned Service _____	Verified By _____

Member & Coverage

- ☐ Member ID and group number verified.
- ☐ Coverage active for date of service.
- ☐ Plan type / network identified.
- ☐ Primary / secondary coverage and COB status reviewed.

Benefits

- ☐ Deductible total and remaining amount documented.
- ☐ Copay documented.
- ☐ Coinsurance documented.
- ☐ Out-of-pocket maximum and remaining amount documented.
- ☐ Relevant service-specific benefit limitations reviewed.

Provider / Service

- ☐ Rendering provider / facility network status checked when applicable.
- ☐ Referral requirement checked.
- ☐ Prior authorization requirement checked.
- ☐ Visit limits / frequency limits checked.
- ☐ Coverage exclusions or special benefit rules noted.

Verification Record

- ☐ Verification date and source recorded.
- ☐ Representative name / call reference number recorded when applicable.
- ☐ Portal screenshot / confirmation retained according to practice policy.
- ☐ Patient estimate / financial communication updated as appropriate.

Administrative resource only. Requirements vary by payer, program, state, specialty and organization. Verify current requirements with the applicable official source before submission. This resource is not legal, tax or clinical advice.